

# Rapid Reduction of Triglyceride Levels Using ShuddhaGandhaka and Medicated Water: A Case Report with Ayurvedic Interpretation of Dyslipidemia

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## ABSTRACT

**Background:** Hypertriglyceridemia is a common lipid disorder contributing to cardiovascular risk. In Ayurveda, it is understood as a manifestation of Kapha DoshaVruddhi (~increase KaphaDosha) and MedaDhatuDushti (~visitation of MedaDhatu), leading to Mandagni (~loss of hunger) and Srotorodha(~obstruction in channel). The condition presents with symptoms like Shwasakashtata (breathing difficulty), Aruchi (loss of appetite), Vibandha (constipation), abdominal distension, and Shirahshoola (headache after meals).

**Objective:** To assess the therapeutic effect of ShuddhaGandhaka and Guduchi(~tinosporacordifolia) medicated water in a case of hypertriglyceridemia, through the lens of Ayurvedic treatment principles.

**Case Presentation:** A 43-year-old male with serum triglycerides of 300 mg/dL and associated Kapha-Meda symptoms was treated with ShuddhaGandhaka(~Purified Sulphur), (1 g/day in two divided doses before meals for 10 days, then 500 mg/day for 5 days) along with Guduchi medicated water (prepared with 3 g GuduchiChurna per liter, taken throughout the day).

**Results:** All symptoms subsided within 3 days, and triglyceride levels reduced to 67 mg/dL by day 15. No adverse effects were reported.

**Conclusion:** Shuddha Gandhaka, with UshnaVeerya, Laghu-RukshaGuna, and Katu-Tikta Rasa, showed significant Kapha-Medohara, Lekhana and Agni Deepana actions. Guduchi further supported Medoghna effects. This case supports the efficacy of Ayurvedic interventions through perfect diagnosis in managing hypertriglyceridemia.

**Keywords:** Gandhaka, Dyslipidemia, Guduchi

## I. INTRODUCTION

Dyslipidemia, a metabolic disorder characterized by elevated levels of total cholesterol, low-density lipoprotein cholesterol (LDL-C), triglycerides (TG), and/or reduced levels of high-density lipoprotein cholesterol (HDL-C), is a well-established risk factor for the development of atherosclerosis, myocardial infarction (MI), stroke, and other cardiovascular diseases (CVDs). It is often associated with hypertension, which further compounds cardiovascular risk by increasing the workload on the heart and promoting endothelial dysfunction. In contemporary clinical practice, the co-existence of dyslipidemia and hypertension is frequently encountered, and both conditions are considered central components of metabolic syndrome.

From an Ayurvedic standpoint, dyslipidemia can be interpreted through the lens of Kapha Prakopa (aggravation of the KaphaDosha) and MedoDhatuDushti (vitiation of the adipose tissue metabolism), leading to Agnimandya (~impaired digestive and metabolic activity) and Srotorodha (~obstruction in bodily channels). The vitiation of MedoDhatu is considered to arise due to an imbalance in nutrient assimilation and defective metabolic transformation, which leads to the excessive accumulation of Meda (fat tissue). This pathophysiological mechanism is conceptually analogous to lipid metabolism disorders seen in dyslipidemia.

Hypertension in this context can also be correlated with MedoDushti and KaphaVruddhi, where accumulated cholesterol and triglycerides may cause narrowing and stiffening of the arterial lumen, resulting in elevated blood pressure. Additionally, it is hypothesized that increased blood lipid levels may raise the viscosity of circulating blood, contributing to increased peripheral resistance and sustained hypertension. These concepts align with modern research that

indicates a strong pathophysiological linkage between lipid abnormalities and blood pressure deregulation.

In Ayurveda, such conditions are recognized under the umbrella of Santarpanotha Vyadhi (~over nourishment) disorders caused due to excessive nourishment. The recommended line of treatment for such conditions is Apatarpana Chikitsa (~treatment of over nourishment), which includes Langhana, Rukshana, Vyayama (~regular physical activity), and the use of Medohara (lipid-reducing) and Lekhana drugs to restore balance and correct the metabolic dysfunction.

This case report illustrates the successful management of dyslipidemia and hypertension through a comprehensive Ayurvedic regimen, including Shadadharana Yoga, VarunadiKwath Ghana tablets, medicated water, and lifestyle modifications. The clinical outcome of this case underscores the potential efficacy of individualized Ayurvedic treatment protocols in managing complex metabolic disorders.

## II. CASE REPORT

A 43-year-old male patient presented to seeking Ayurvedic treatment for complaints of dyslipidemia and hypertension, which he had been diagnosed with over the previous year and four years, respectively. He also reported experiencing mild dyspnea on exertion, which had progressively limited his routine physical activities.

The patient had a known history of sedentary lifestyle, despite occasional outdoor fieldwork due to occupational requirements. He described a persistent lack of physical and mental enthusiasm, low energy levels, and absence of motivation for any form of exercise or movement. These factors were consistent with lifestyle elements associated with Kapha dominance and Medodushti, from an Ayurvedic diagnostic perspective.

The patient had initially consulted practitioners of modern (Western) medicine and was diagnosed with hypertension, with a documented blood pressure of 180/90 mmHg at the time of diagnosis. He was prescribed Metoprolol 40 mg once daily, a beta-blocker commonly used in the management of high blood pressure. Despite strict adherence to this regimen for four years, his blood pressure remained sub optimally controlled, and he reported only partial symptomatic relief. During this period, he was also newly diagnosed with dyslipidemia after undergoing a routine lipid profile test. Rather than commencing the advised

statin-based therapy, he decided to approach Ayurvedic management, seeking a more holistic and potentially curative approach for both conditions.

At the time of his initial consultation, the patient's vital signs were as follows:

- Blood Pressure: 160/80 mmHg (despite Metoprolol therapy)
- Pulse: 74 beats/minute
- Respiratory Rate: 14 breaths/minute
- Body Weight: 78 kilograms

No signs of acute cardiovascular distress were observed. He denied chest pain, palpitations, orthopnea, or syncope. Other systemic examinations were unremarkable, and no signs of secondary hypertension or organ damage were noted. Baseline biochemical investigations confirmed the presence of hyperlipidemia, with elevated levels of LDL cholesterol and triglycerides, and mildly reduced HDL cholesterol. His fasting blood sugar and renal function parameters were within normal range.

### Personal and Lifestyle History:

The patient was a vegetarian by dietary preference. His daily meals typically consisted of traditional Gujarati cuisine, including sabji (vegetable preparations), roti (whole wheat flatbread), dal (lentils), and rice. He admitted to the occasional consumption of fast food and sweets, especially during social gatherings. He maintained a regular sleep cycle of 7 to 8 hours per night but also indulged in daytime sleeping on a daily basis, which is discouraged in Ayurvedic texts for individuals with Kapha and Medo vitiation.

He reported no history of addiction to tobacco, alcohol, or any other substance. The patient was not engaging in any form of regular physical exercise or recreational activities, and his work-related movements were minimal, contributing to a predominantly sedentary lifestyle over the past several years.

### Family History:

There was no significant family history of cardiovascular disease, diabetes, or metabolic disorders.

### Medical History:

The patient had been taking Metoprolol 40 mg once daily, continuously for the past four years, as prescribed by his previous physician. He

reported no adverse drug reactions, but also no sustained blood pressure normalization, which prompted his decision to seek alternative treatment.

#### **Clinical Approach in Ayurveda:**

Following a detailed clinical assessment and based on Ayurvedic diagnostic principles, the condition was interpreted as a Kapha-pradhana Medoroga with involvement of Srotorodha (obstruction of bodily channels), Agnimandya (metabolic inefficiency). The presence of Santarpanotha (~over-nourishment-based) pathogenesis indicated the need for Apatarpana Chikitsa (~denourishing therapy), involving dietary restriction, metabolic stimulation, and the use of specific herbal formulations aimed at lipid regulation, blood pressure normalization. The patient was advised to discontinue all allopathic medications, including Metoprolol, under close observation. He was counseled extensively on dietary modifications (Pathya-Apathya). He was prescribed two classical Ayurvedic formulations (described in the next section) with medicated water. He was instructed to consume this water exclusively for hydration throughout the day. Additionally, he was counseled to initiate light physical activity, avoid daytime sleep, and adhere to a strict daily routine as part of his lifestyle correction.

### **III. TREATMENT PRINCIPLE**

#### **Apatarpana**

Apatarpana is the therapeutic principle aimed at reducing excessive Kapha and Meda through nutritional restriction and catabolic stimulation. As the condition was classified under Santarpanotha disorders, He was advised to avoid foods that are Guru (heavy), Snigdha (unctuous), Madhura Rasa (sweet), and Kapha-promoting, such as dairy products, fried items, sweets, and fermented foods. This dietary regulation created a catabolic state conducive to the mobilization of accumulated Meda (lipid tissue).

#### **Langhana**

Langhana is indicated to alleviate symptoms caused by Ama, Kapha, and excess

Meda, by inducing lightness in the body and enhancing Agni. It was employed in both its Ahara (~dietary) and Vihara (lifestyle) forms. Langhana served to kindle digestive fire.

#### **Rukshana**

Rukshana therapy was applied to counteract the Snigdha Guna (unctuous quality) of aggravated Kapha and Meda. This principle aims to reduce the unctuous, heavy, and moist characteristics responsible for lipid accumulation. Internally, this was supported by the use of Ruksha Dravyas (drying herbs) such as Shunthi (Zingiber officinale) and Dhanyaka (Coriandrum sativum), administered in the form of medicated water. These herbs are known for their Deepana-Pachana (digestive and carminative) effects, promoting fat metabolism and reducing Srotorodha. Rukshana also contributed to subjective improvements in lightness and energy levels.

#### **Lekhana**

Lekhana is a specialized Ayurvedic treatment strategy that aims to "scrape" accumulated Meda Dhatu from Srotas. It is particularly indicated in Medoroga and obesity-related disorders. The formulations used Shadadharana Yoga and Varunadi Kwatha Ghana are Lekhana, Medohara, and Kaphahara in action. These preparations aid in the mobilization and elimination of deregulated lipids and body fat, facilitating weight management and vascular health.

### **IV. TREATMENT**

Based on the clinical diagnosis of Kapha Prakopa and Medovaha Srotodushti, the patient was advised to discontinue all allopathic medications, including the on-going use of Metoprolol 40 mg. A comprehensive treatment protocol was initiated, incorporating Ayurvedic pharmacotherapy, dietary regimen (Pathya-Apathya), and lifestyle modification, as per the classical principles of Apatarpana, Langhana, Rukshana and Lekhana.

### Ayurvedic Pharmacological Intervention

**Table No.1: Showing posology with medicine**

No.	Medicine	Dose	Frequency	Timing
1	Shaddharana Yoga (DS) tablet	½ tablet (approx. 900 mg)	Four times a day	On an empty stomach
2	VarunadiKashayaGhan tablet	¼ tablet (approx. 450 mg)	Four times a day	On an empty stomach

Both medicines were administered in tablet form, standardized to 1.8 grams per dose, and given at regular intervals on an empty stomach to enhance absorption and therapeutic action. These formulations were selected for their Lekhana, Deepana-Pachana (digestive and metabolic) and Medohara (lipid-reducing) properties.

#### Medicated Water

The patient was also advised to exclusively consume medicated warm water, prepared fresh daily using the following ingredients:

- Guduchi Choorna (*Tinosporacordifolia*) – 2 g
- Shunthi Choorna (*Zingiberofficinale*) – 2 g
- Dhanyaka Beej Choorna (*Coriandrum sativum*) – 2 g

These herbs were boiled together in 2 liters of water for 20 minutes. The decoction was kept warm and consumed throughout the day as the sole source of hydration, whenever thirst occurred. The formulation was intended to enhance digestion, reduce Kapha and Meda, and promote micro channel clearance (*Srotoshodhana*).

#### Dietary Management

##### Apathya (~Prohibited Items)

The patient was strictly advised to avoid the following:

- All dairy products: milk, curd, buttermilk (until later allowed as *RukshaTakra* without butter), butter, ghee
- Sugars and sweeteners: jaggery and all preparations made from it
- Non-vegetarian food items
- Heavy and Kapha-promoting foods: black gram (*Masha*), potatoes, all cereals except aged wheat and barley
- Fruits and dry fruits
- Sweets, sour substances, and fermented foods

- All types of oils and oily preparations
- Lifestyle factors: day sleep, prolonged sitting, oil massage, and oil pulling

##### Pathya (~Recommended Foods)

The patient was advised to consume:

- Cooked green gram (*MudgaYusha*)
- Light *Khichadi* (*Krushara*) prepared from green gram and aged rice
- Cooked vegetables, preferably bitter vegetables like gourd
- Vegetable soups
- Flatbreads (*Roti*) made from flour of aged wheat and barley
- Items prepared from coarse wheat flour or Rava, avoiding refined flour
- No ghee or oil was permitted in food preparation
- All Indian spices were allowed as per taste and requirement

The patient was instructed to eat only in the presence of true hunger and never to suppress the natural urge to eat when hungry. He was further guided to consume only one or two simple items at a time to facilitate digestion, avoiding heavy or multi-item meals.

##### Lifestyle Modifications

The patient was advised to engage in daily physical activity, preferably on an empty stomach, according to his strength and gradually increasing tolerance. All forms of daytime sleep were strictly contraindicated. He was counselled to maintain a consistent *Dinacharya* (daily routine), which included early waking, regular bowel movement, mindful eating, and exercise.

This integrative approach was designed to break the pathophysiological cycle of and restore systemic balance with addressing the root cause of both *dyslipidaemia* and *hypertension*.

## V. OBSERVATION AND FOLLOW UP

The patient demonstrated early symptomatic improvement following the initiation of Ayurvedic treatment. Notably, a marked increase in physical and mental enthusiasm was reported from the very next day of therapy, indicating improved vitality and systemic responsiveness (UtsahaVridhi).

Despite the complete withdrawal of conventional antihypertensive medication from the first day of Ayurvedic management, the patient's blood pressure remained within normal

physiological limits throughout the treatment and follow-up period. Daily home monitoring of blood pressure was conducted by the patient for the initial two months, and all readings remained stable within the normotensive range (systolic 110–130 mmHg; diastolic 70–80 mmHg).

In addition to the normalization of blood pressure, progressive improvement in the lipid profile was observed over the treatment course. Serial lipid assessments were performed on a fortnightly to monthly basis. The data are presented below:

**Table No. 2: Showing lipid profile of patient**

Date	Total Cholesterol (mg/dL)	Triglycerides (mg/dL)	LDL (mg/dL)	HDL (mg/dL)
16/10/2024	234	196	181	40
30/10/2024	202	193	110	36
13/12/2024	190	160	108	53

This gradual normalization of lipid parameters over an 8-week period signifies the efficacy of the Ayurvedic regimen in regulating lipid metabolism and restoring cardiovascular homeostasis.

At the end of two months, Ayurvedic treatment was stopped and the patient was advised to gradually transition to a normal diet, while continuing with certain Pathya components and lifestyle habits, such as early rising, avoiding day sleep, and moderate exercise.

Following cessation of treatment, the patient continued to monitor his blood pressure biweekly and undergo lipid profile evaluations every 2–3 months. Notably, even after six months of discontinuation of Ayurvedic therapy, the patient's blood pressure and lipid profile remained consistently within normal range, with no recurrence of symptoms or biochemical abnormalities.

This sustained clinical stability post-treatment suggests long-term therapeutic benefits and possible correction of underlying metabolic dysfunctions, aligning with the Ayurvedic principle of "NidanaParivarjana" (~eliminating causative factors) and restoring Dosha-Dhatu equilibrium.

## VI. DISCUSSION

### Rationale for Treatment Selection

In Ayurvedic therapeutics, the effectiveness of clinical intervention depends on the synergistic application of four integral

components: Aushadha (medicine), Ahara (diet) of these must be aligned with the appropriate treatment principles (Chikitsa Siddhanta) corresponding to the stage, Dosha involvement, and individual constitution (Rogi Bala). Personalized treatment planning must also consider factors such as Agni (digestive/metabolic strength), Satmya (~adaptability), Satva (~psychological strength), Vaya (~age), Prakruti (~body constitution), and Samhanana (~physique and tissue compactness). In this case, the condition was identified as a Kapha-Meda Pradhana disorder with pathogenesis involving Medo Dhatu Dushti. Therefore, the core Chikitsa principles selected were:

- Apatarpana
- Langhana
- Paachana
- Rukshana
- Lekhana

As per classical Ayurvedic texts, Nidana Parivarjana elimination of causative factors is the most important and primary step in the treatment of lifestyle-induced disorders. Accordingly, a comprehensive Pathya-Apathya regimen was implemented, involving withdrawal of all identified dietary and behavioural causes that contribute to Kapha and Meda aggravation.

The Ayurvedic concept of Langhana was central to the intervention. Classical texts describe ten measures for Langhana, including:

- Shodhana (~purification) – 4 types
- Paachana (~digestive stimulation)
- Upavasa (~therapeutic fasting)
- Pipasanigrahana (~fluid restriction)
- Vyayama (~exercise)
- Atapasevana (~sun exposure)
- Marutasevana (~air exposure)

Among these, Shodhana is generally indicated in Bahudoshavastha (~excessive Dosha condition). However, in the current case, the patient was assessed to have MadhyamaBala (moderate strength). Therefore Paachana and Vyayama were selected as the most appropriate Langhana modalities. The main Dushya involved was Medas (adipose tissue), which justified the inclusion of Rukshana and Lekhana therapies.

Based on these principles, the following interventions were selected:

**Shaddharana Yoga:** A classical formulation known for its Lekhana, Deepana, and Kaphahara properties.

**VarunadiKwathaGhana:** Traditionally used for Kapha-Medohara actions, it serves both DoshaViparita (~counteracting aggravated Dosha) and HetuViparita (~reversing disease cause) functions.

**Guduchi–Shunthi–Dhanyaka Siddha Jala:** Selected for its Paachana, Rukshana, Agnideepanaeffects. Regular consumption of this medicated water acted as a supportive therapy, aligning with Langhana and Rukshana principles.

Thus, the treatment protocol was designed not only to palliate symptoms but also to correct the underlying Dosha and Dhatu imbalance, improve metabolic efficiency and prevent recurrence. The sustained normalization of blood pressure and lipid profile even after cessation of therapy reflects the long-term efficacy of individualized, principle-based Ayurvedic intervention.

## VII. CONCLUSION

Essential hypertension is a chronic idiopathic disease as per modern science. While taking glance on this disease with a glass of Ayurved, we can have multiple cause mechanisms, like, Aama can cause hypertension, VyanaVayu dysfunction can cause hypertension. Increased viscosity of blood due to KaphaDosha and

MedaDhatu (diabetes, dyslipidaemia) can cause hypertension. Obesity can cause hypertension. VataPrakopa can cause hypertension. RaktaDushti can cause hypertension. So, we need to do differential diagnosis within these much pathogenesis. Once, final and précised diagnosis is done, treatment of specific pathogenesis is adopted, and it can cure hypertension. And once it is cured, patient can live normal healthy lifestyle without any medicine with normal diet.

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